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1992

MONTANA'S SEVENTH LEGACY LEGISLATURE

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MONTANA'S LEGACY LEGISLATURE
1992 BILL BOOK

TABLE OF CONTENTS

		PAGE
A.	BOARD OF DIRECTORS - MONTANA LEGACY LEGISLATURE, INC.	ii
B.	LEADERSHIP - SEVENTH LEGACY LEGISLATURE	iii
C.	COMMITTEE OFFICERS - SEVENTH LEGACY LEGISLATURE	iv
D.	LEGACY LEGISLATORS - 1992	1
E.	ASSIGNMENT OF COMMITTEES	5
F.	ASSIGNMENT OF BILLS AND RESOLUTIONS TO COMMITTEES	6
G.	LISTING OF BILLS AND SPONSORS (PASSED)	7
H.	LISTING OF RESOLUTIONS AND SPONSORS (PASSED)	8
I.	BILLS - DESCRIPTION AND SUMMARIES	9
J.	RESOLUTIONS - DESCRIPTION AND SPONSORS	32

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MONTANA'S LEGACY LEGISLATURE
LEADERSHIP
SEVENTH LEGACY LEGISLATURE

PRESIDENT - Benjamin Vaughn, Libby
SECRETARY - Stasia Gerrells, Bridger

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Secretary - Edith Barker, Conrad

SOCIAL SERVICES

Chairman - Elmer Fauth, Great Falls
Secretary - Lucille Lenhardt, Billings

CONSUMER AFFAIRS

Chairman - Jo Irene O'Leary, Harlem
Secretary - Jeanette Lewis, Townsend

TAXATION

Chairman - Herman Wittman, Bigfork
Secretary - Jessie Harman, Livingston

FINANCE

Chairman - Jack White, Bigfork
Secretary - Charles Dernback, Billings

JUDICIARY

Chairman - Donald Stinger, Missoula
Secretary - Mable Redfield, Boulder

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MONTANA'S LEGACY LEGISLATURE
ASSIGNMENT OF COMMITTEES

JUDICIARY

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Lena Grace Snedigar
Donald Stinger
Mable Redfield
Gene Brown
Jack Lodell
Nels Haataja

FINANCE

Lloyd Pyfer
Stasia Gerrells
Barry Nolan
Gordon McGowan
Jack White
Charles Dernback
Ben Unruh
Lowell Rasmussen

CONSUMER AFFAIRS

John Alexander
Jeannette Lewis
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Jo Irene O'Leary
Luise Vranish
Joy L. Nash
Warren D. Hardy
Irvin Hutchison

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Peggy Fasbender
A. Ron Biggerstaff
Joseph Gottfried
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Buff Hultman
Edith Barker
Joseph Keller
Doug Campbell
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Charles Lyndes
Benjamin Vaughn
June Getchell

SOCIAL SERVICES

Lucille Lenhardt
Merrill Stevenson
Polly Walker
Elmer Fauth
Gloria Moats
Dick DeKaye
Dorothy Cook
Norma Anway
Gloria Stevens
John Johnson

MONTANA'S LEGACY LEGISLATURE - 1992
ASSIGNMENT OF BILLS AND RESOLUTIONS TO COMMITTEES

HEALTH

Bills: 8, 11, 15, 24, 26 Resolutions: 6, 10, 14, 16

SOCIAL SERVICES

Bills: 10, 13, 19, 20, 25 Resolutions: 12, 13, 20

CONSUMER AFFAIRS

Bills: 2, 4, 7, 23, 29 Resolutions: 3, 7, 11, 17, 19

TAXATION

Bills: 3, 5, 16, 17, 22 Resolutions: 15, 18

FINANCE

Bills: 9, 12, 14, 18 Resolutions: 4, 8, 9, 21

JUDICIARY

Bills: 1, 6, 21, 27, 28 Resolutions: 1, 2, 5

TOTALS:

Bills: 29 **Resolutions:** 21

MONTANA LEGACY LEGISLATURE
BILLS PASSED - MAY 1992

Top 5 Bills	Bill Number	Short Name	Sponsor
	2	PRESCRIBED MEDICATION REFUND	LENHARDT
	4	MONTANA REVERSE MORTGAGE TRUST	ALEXANDER
	6	MONTANA'S PROPOSED GOOD SAMARITAN BILL	BUTLER
	9	VEHICLE INSURANCE CONTROL	GERRELLS
	11	YEARLY POSTING OF INSURANCE COMPANIES	TAURMAN
	13	DOCTORS' OWNERSHIP OF PHARMACIES	HAATAJA
2	15	RURAL FAMILY PRACTICE RESIDENCY PROGRAM	HULTMAN
	16	AREA RENT CONTROL BOARD	HARMAN
	18	FUNDING OF SENIOR TRANSPORTATION PROGRAMS	ST. JERMAIN
	20	FUNDING OF INFORMATION AND REFERRAL	COOK
3	22	STATE VETS NURSING HOME	JOHNSON
	23	SINGLE POINT OF ACCESS FOR COMMUNITY LTC	CARTER
1	24	MONTANA UNIVERSAL HEALTH INSURANCE PLAN	CAMPBELL
	25	MEDICAID PAYMENT FOR PERSONAL CARE SERVICES	NESS, MCGOWAN
4	26	VIOLATION TO REFUSE MEDICARE ASSIGNMENT	VAUGHN
	27	CHANGE STATE FISCAL YEAR	WHITE
5	28	CALL FOR ANNUAL LEGISLATIVE SESSIONS	WITTMAN
	29	KEEP MONTANA THE LAST BEST PLACE	MOATS

MONTANA'S LEGACY LEGISLATURE
RESOLUTIONS PASSED - 1990

Top 3 Res	Resolution Number	Short Name	Sponsor
	1	UNIVERSAL SYSTEM AUDIT	NOLAN
	3	MINIMUM NURSING HOME STANDARDS FOR SPECIAL ALZ. UNITS	VRANISH
	4	MANDATORY LIABILITY PROTECTION	HARDY
2	5	LIMIT OF BILLS & RESOLUTIONS - MT LEGISLATURE	BROWN
	6	ENFORCEMENT OF HEALTH INSURANCE SALES REGULATIONS	FLEMING
	8	FREEZE MEDICARE DEDUCTIONS	PYFER
	9	CREATE A WORK PROGRAM	LEWIS
	11	AMENDMENT TO COMMERCIAL MOTOR CARRIER SAFETY ACT	BARKER
	13	SOCIAL SECURITY NOTCH BILL	GOTTFRIED
3	14	FAMILY NURSE PRACTITIONER EDUCATION	O'LEARY
	18	TAX CREDIT FOR RURAL NON-PHYSICIAN PROVIDERS	STINGER
	19	OLDER AUTOMOBILES ON U.S. HIGHWAYS	NASH
	20	COORDINATION OF INFORMATION AND REFERRAL	
1	21	PRESCRIPTION DRUG COST CONTAINMENT	RICHARDSON, CAMPBELL, SISSON

LEGACY LEGISLATURE BILL NO. 2

SHORT NAME: PRESCRIBED MEDICATION REFUND

A BILL FOR AN ACT ENTITLED: AN ACT TO REFUND A PERCENTAGE OF AMOUNT PAID FOR PRESCRIBED MEDICATIONS WHEN ITEMIZED DEDUCTIONS [ON STATE OF MONTANA DEPARTMENT OF REVENUE TAX FORM 2A] ARE OF NO ASSISTANCE. THE TERM PRESCRIBED MEDICATIONS WOULD INCLUDE PHARMACEUTICALS, INSULIN, SYRINGES AND NEEDLES.

SECTION 1. PURPOSE: TO ENABLE OLDER MONTANANS, AGED SIXTY (60) AND OLDER, DEEMED ELIGIBLE BY THE [BELOW NAMED] REGULATING AGENCY, TO MAINTAIN A QUALITY OF LIFE INCLUDING AN INDEPENDENT LIFESTYLE, TO AVOID UNNECESSARY INSTITUTIONAL CARE, AND TO CONTINUE TO TAKE NECESSARY MEDICATION AS PRESCRIBED BY THEIR PHYSICIAN.

SECTION 2. NEED: WHEN RECOGNIZING THE FOLLOWING FACTS, THIS BILL IS NECESSITATED:

1. THE INFLATIONARY INCREASE FOR PRESCRIBED DRUGS OVER THE PAST TEN (10) YEARS WAS 146 PERCENT COMPARED TO THE GENERAL INFLATIONARY INCREASE OF ONLY 42 PERCENT DURING THE SAME TIME PERIOD; AND

2. PRESCRIBED MEDICATIONS ARE EXPECTED TO RISE ANOTHER SIX (6) PERCENT THIS YEAR; AND

3. THAT USE OF ITEMIZED DEDUCTIONS [ON STATE OF MONTANA DEPARTMENT OF REVENUE FOR 2A] IS OFTEN OF NO MONETARY ASSISTANCE; AND

4. THERE ARE MANY SENIOR CITIZENS THAT ARE FIXED OR LOW INCOME AND CANNOT PAY FOR NEEDED EXPENSIVE MEDICATIONS. IN ADDITION, MANY OF THESE MONTANA RESIDENTS DO NOT HAVE THE TAX LIABILITY TO WARRANT USE OF FORM 2A, AND YET THEY ALSO DO NOT QUALIFY FOR MEDICAID OR PUBLIC ASSISTANCE; AND

5. LOW INCOME CITIZENS STRAPPED WITH LITTLE MONEY AND HIGH COST OF MEDICATIONS OFTEN MAY GO WITHOUT THE NEEDED MEDICATIONS IN PREFERENCE OF PAYING FOR FOOD AND SHELTER. IN MANY SITUATIONS THEY CANNOT EVEN AFFORD SUPPLEMENTAL INSURANCE TO COVER THE COSTS THAT

MEDICARE DOES NOT PAY.

SECTION 3. ELIGIBILITY: TO BE ELIGIBLE FOR THE PROGRAM, A PERSON MUST NOT QUALIFY FOR MEDICAID OR ANY OTHER PUBLIC ASSISTANCE THAT WOULD PROVIDE A PRESCRIPTION REFUND. THE MONTANA RESIDENT SENIOR CITIZEN MUST DISCLOSE ALL HOUSEHOLD INCOME FROM ALL MEMBERS OF THE HOUSEHOLD. THEY MUST NOT BE ABLE TO RECEIVE TAX ASSISTANCE [FROM FILING MONTANA STATE TAX FORM 2A]. PEOPLE ACCEPTED INTO THE PROGRAM WOULD USE ALL OTHER THIRD-PARTY REIMBURSEMENTS FOR PRESCRIPTION DRUGS AVAILABLE TO THEM BEFORE APPLYING FOR THESE BENEFITS, AND WOULD HAVE TO PAY FIVE (5) DOLLARS OR FIFTY (50) PERCENT [WHICHEVER IS LESS] OF EACH BILL.

SECTION 4. REGULATING AGENCY: THE MONTANA DEPARTMENT OF FAMILY SERVICES WOULD BE REQUIRED TO ESTABLISH A BENEFITS AND COVERAGES TASK FORCE TO ENSURE THE RESPONSIBLE DISPENSING, CONTROL AND DISTRIBUTION OF REFUNDS PROVIDED UNDER THIS PROGRAM. THIS TASK FORCE WOULD INCLUDE THE DIRECTOR OF PUBLIC HEALTH, A REPRESENTATIVE OF THE DEPARTMENT OF MANAGEMENT AND BUDGET, TWO REPRESENTATIVES OF THE MONTANA BOARD OF PHARMACY AND THREE SENIOR REPRESENTATIVES AT LARGE APPOINTED BY THE DEPARTMENT OF FAMILY SERVICES. IN ADDITION TO ADMINISTERING AND EVALUATING THE PROGRAM, THE TASK FORCE WOULD HAVE TO REPORT TWICE YEARLY TO THE DEPARTMENT OF FAMILY SERVICES ON ITS ACTIVITIES AND MAKE RECOMMENDATIONS FOR IMPROVEMENTS IN THE PROGRAM. THE TASK FORCE WOULD ALSO HAVE TO REPORT WITHIN TWO YEARS AFTER THE BILL IS ENACTED TO THE APPROPRIATE HOUSE AND SENATE COMMITTEES ON THE FEASIBILITY OF CONTINUING THE PROGRAM.

SECTION 5. FUNDING: BE IT ENACTED THAT A FIVE (5) PERCENT TAX ON ALCOHOLIC BEVERAGES WILL BE THE PRIMARY FUNDING AGENT OF THIS BILL.

SPONSOR(S): LUCILLE LENHARDT

COMMITTEE ASSIGNMENT: CONSUMER AFFAIRS

LEGACY LEGISLATURE BILL NO. 4

SHORT NAME: MONTANA REVERSE MORTGAGE TRUST

A BILL FOR AN ACT ENTITLED: AN ACT TO UPDATE PRESENT REVERSE ANNUITY MORTGAGE LOANS AND ESTABLISH A TRUST TO ADMINISTER THE PROGRAM.

SECTION 1. PURPOSE: MANY SENIOR CITIZENS IN MONTANA OWN THEIR OWN HOMES. MANY OF THESE HOMEOWNERS WOULD BENEFIT FROM AN ADDITIONAL INCOME SOURCE FROM THE USE OF EQUITY IN THEIR HOMES. THE REVERSE MORTGAGE WOULD ENABLE SENIOR HOMEOWNERS TO REMAIN IN AN IN-HOME SITUATION WHERE THEY CAN PROVIDE SUBSTANTIALLY FOR THEIR SUPPORT AND SPECIALIZED CARE.

SECTION 2. ELIGIBILITY: ANY RESIDENT OF MONTANA WHO IS RECEIVING SOCIAL SECURITY WITHOUT OTHER DEMONSTRABLE MEANS OF SUPPORT MUST OWN THEIR OWN HOME OUTRIGHT OR MUST BE ABLE TO REMOVE ANY LIENS OR ENCUMBRANCES THROUGH THE USE OF FUNDS RECEIVED.

SECTION 3. ADMINISTRATION: THIS PROGRAM IS TO BE ADMINISTERED THROUGH THE MONTANA BOARD OF HOUSING USING PRESENTLY AVAILABLE PILOT PROGRAM FUNDS TO START A TRUST FUND. ADDITIONAL FUNDS TO BE PROVIDED UNTIL THE PROGRAM IS SELF-SUFFICIENT.

SECTION 4. APPRAISAL: IF CURRENT COUNTY FIGURES ARE QUESTIONED BY THE HOMEOWNER, THEY MAY SUBMIT FIGURES FROM THREE (3) QUALIFIED APPRAISERS SHOWING COMPARABLE RECENT SALES IN THE AREA OF AT LEAST THREE (3) PROPERTIES SIGNED BY THE COUNTY APPRAISER. IF A MAJOR DISCREPANCY EXISTS, AN ON-SITE INSPECTION WILL BE MADE BY A REPRESENTATIVE OF THE BOARD OF HOUSING. IF THE HOME DOES NOT MEET FHA QUALIFICATIONS, VALUES WILL BE REDUCED TWENTY PERCENT.

SECTION 5. DISBURSAL: IN ANY EVENT, THE HOMEOWNER WILL BE ABLE TO STAY IN THE HOME FOR EITHER THE BALANCE OF THEIR LIFE OR UNTIL THEY REQUIRE INSTITUTIONAL CARE. THEY WILL HAVE AN OPTION OF A SINGLE PAYMENT OF ONE ~~HALF THE APPRAISED VALUE, 75% OF THE VALUE OVER TWENTY YEARS.~~ HALF THE APPRAISED VALUE, 75% OF THE VALUE OVER TEN YEARS, OR 100% IF THE VALUE OVER TWENTY YEARS. ALL PERCENTAGES ARE SUBJECT TO ACTUARIAL ANALYSIS EVERY THREE YEARS TO BE SURE THE PROGRAM IS SELF-SUPPORTING. THE HOME WILL

BECOME THE PROPERTY OF THE TRUST FUND UPON RECEIPT OF THE FIRST PAYMENT BY THE OWNER. NO FURTHER PAYMENTS WILL BE MADE AFTER THE DEATH OF THE HOMEOWNER OR UPON THEIR ENTRANCE INTO AN INSTITUTION FOR SPECIAL CARE. IN THE CASE OF THE TEN OR TWENTY YEAR PROGRAMS THE HOME MAY BE REDEEMED UNTIL THE END OF THE ~~PERIOD BY RETURNING THE FUNDS RECEIVED PLUS TEN PERCENT INTEREST.~~ PERIOD BY RETURNING THE FUNDS RECEIVED PLUS TEN PERCENT COMPOUNDED INTEREST AND ANY TAXES EXEMPTED BY THE PROVISIONS OF THIS BILL. TAXES WILL NOT BE DUE ON THE PROPERTY OWNED BY THE TRUST. TEN PERCENT OF ALL ~~PAYMENTS WILL BE WITHHELD IN A FUND FOR MAINTENANCE AND INSURANCE.~~ PAYMENTS WILL BE WITHHELD IN A FUND FOR MAINTENANCE AND INSURANCE WITH THE PROVISION THAT THE HOMEOWNER-OCCUPANT WILL BE RESPONSIBLE FOR ANY MAINTENANCE UP TO TWO HUNDRED DOLLARS PER INSTANCE.

SECTION 6. DISPOSAL OF TRUST PROPERTY: AT SUCH TIME AS THE HOMEOWNER NO LONGER NEEDS THE PROPERTY, IT WILL BE MADE AVAILABLE TO FIRST TIME HOME BUYERS AT CURRENT APPRAISAL PRICE WITH A MINIMAL DOWN PAYMENT, CLOSING COSTS, AND INTEREST RATES. IF NO REQUESTS ARE RECEIVED WITHIN A REASONABLE PERIOD OF TIME, THE PROPERTY WILL BE PUT ON THE REAL ESTATE MARKET AT USUAL FHA TERMS.

SPONSOR(S): JOHN ALEXANDER

COMMITTEE ASSIGNMENT: CONSUMER AFFAIRS

LEGACY LEGISLATURE BILL NO. 6

SHORT NAME: MONTANA'S PROPOSED GOOD SAMARITAN BILL

A BILL FOR AN ACT ENTITLED: LIMITATION OF LIABILITY FOR VOLUNTEER HEALTH AND SUPPORTIVE CARE WORKERS.

SECTION 1. ANY INDIVIDUAL WHO VOLUNTEERS IN PROVIDING HEALTH AND SUPPORTIVE CARE WILL NOT BE HELD LIABLE BY AN INDIVIDUAL VOLUNTARILY PARTICIPATING IN A LOW OR NO COST HEALTH CARE PROGRAM EXCEPT IN THE EVENT THE INJURIES OR DAMAGES ARE CAUSED BY A WILLFUL OR WANTON ACT OF THE VOLUNTEER.

SECTION 2. A PERSON IS CONSIDERED A VOLUNTEER IF THEIR PERSONAL INCOME FROM A VOLUNTARY SERVICES IS LESS THAN $3,000 IN A CALENDAR YEAR, OR IF THE ACTIVITY'S INCOME CONTRIBUTES LESS THAN 35% OF THE INDIVIDUAL'S GROSS ANNUAL INCOME.

SECTION 3. VOLUNTARY HEALTH AND SUPPORTIVE CARE IS DEFINED AS TEMPORARY ASSISTANCE EITHER IN THE HOME OR AT A SPECIAL SITE WHICH IS BEING PROVIDED AS A LOW OR NO COST SERVICE TO INDIVIDUALS, FAMILY MEMBERS OR GUARDIANS. THESE SERVICES MAY INCLUDE: RESPITE CARE, MEAL PREPARATION OR DELIVERY, HOME CHORE, MINOR HOME REPAIR, ERRANDS, TRANSPORTATION, COMPANION SERVICES AND OTHER SIMILAR ACTIVITIES.

SECTION 4. AN INDIVIDUAL VOLUNTEERING TO BE A HEALTH AND SUPPORTIVE CARE VOLUNTEER WILL BE PROVIDED ADEQUATE, ON-GOING TRAINING BY THE LOW COST OR NO COST PROGRAM'S SPONSOR(S) OR ORGANIZER(S).

SPONSOR(S): WESLEY BUTLER, JR.

COMMITTEE ASSIGNMENT: JUDICIARY

LEGACY LEGISLATURE BILL NO. 9

SHORT NAME: VEHICLE INSURANCE CONTROL

A BILL FOR AN ACT ENTITLED: AN ACT TO LIMIT INSURANCE COMPANIES IN CANCELING POLICIES FOR MOTOR VEHICLES.

SECTION 1. CUSTOMERS HAVE A TOTAL OF ~~15~~ 20 POINTS. POINTS ACCUMULATE SIMILAR TO DRIVER'S LICENSE POINTS:

CARELESS DRIVING	~~3~~ 2
SPEEDING (NIGHTTIME)	3
RED LIGHT	2
STOP SIGN	2
~~MEDICAL~~	~~2~~
WINDSHIELD	2
DRIVING - NO LICENSE	~~10~~ 2
DRIVING - LICENSE SUSPENDED	~~12~~ 6
HIT & RUN	~~10~~ 8
DRAG RACING	5
RECKLESS DRIVING	~~12~~ 5
HABITUAL OFFENDER	~~12~~ 2
DAMAGE ON PRIVATE PROPERTY (FIELDS, PARKING LOTS, ETC.)	~~3~~ 2
OTHER MOVING VIOLATIONS	~~3~~ 2

SECTION 2. CANNOT BE CHARGED IF IT IS NOT YOUR VEHICLE AND NEITHER YOU OR ANY MEMBER OF YOUR FAMILY DRIVING, (THIS PERTAINS TO MEDICAL BENEFIT THAT TURNS DEATH BENEFIT OR IF MEDICAL PAYS), OR RIDING IN OTHER PEOPLE'S CAR. THESE POINTS DROP OFF AFTER THREE YEARS. INSURANCE MAY BE DROPPED AFTER ~~15~~ 20 POINTS. (GUIDELINES 61-11-203, MCA).

SPONSOR(S): STASIA GERRELLS

COMMITTEE ASSIGNMENT: FINANCE

LEGACY LEGISLATURE BILL NO. 11

SHORT NAME: YEARLY POSTING OF INSURANCE COMPANIES

A BILL FOR AN ACT ENTITLED: YEARLY POSTING OF INSURANCE COMPANIES AND HEALTH SERVICE CORPORATION PREMIUMS EARNED AND CLAIMS PAID.

WHEREAS, INSURANCE COMPANIES AND HEALTH SERVICE CORPORATION IN THE STATE OF MONTANA ARE NOT REQUIRED TO POST THEIR PREMIUMS EARNED AND CLAIMS PAID; AND

WHEREAS, THE PAY RATIO FOR INSURANCE COMPANIES AND HEALTH SERVICE CORPORATIONS IS 60% ON INDIVIDUAL CLAIMS AND 75% ON GROUP CLAIMS; AND

WHEREAS, HEALTH SERVICE CORPORATIONS WITH A NET PROFIT DO NOT PAY A PREMIUM TAX.

THEREFORE, BE IT RESOLVED THAT INSURANCE COMPANIES AND HEALTH SERVICE CORPORATIONS IN THE STATE OF MONTANA BE REQUIRED TO POST THEIR PREMIUMS EARNED AND CLAIMS PAID YEARLY AND HEALTH SERVICE CORPORATIONS SHOWING A NET PROFIT BE REQUIRED TO PAY A ONE PERCENT (1%) PREMIUM TAX.

SPONSOR(S): MILDRED L. TAURMAN

COMMITTEE ASSIGNMENT: HEALTH

LEGACY LEGISLATURE BILL NO. 13

SHORT NAME: **DOCTOR'S OWNERSHIP OF PHARMACIES OR LABORATORIES**

A BILL FOR AN ACT ENTITLED: THAT NO DOCTOR PRACTICING IN THE STATE OF MONTANA CAN OWN OR HAVE AN INTEREST IN ANY LABORATORY OR ~~PHARMACY~~ PHARMACEUTICAL FIRM REGARDLESS OF WHERE LOCATED.

SECTION 1. PURPOSE: THAT DOCTORS AND THEIR IMMEDIATE FAMILIES MAY NOT OWN ANY SHARE OR PART OF ANY LABORATORY OR ~~PHARMACY~~ PHARMACEUTICAL FIRM WHILE PRACTICING MEDICINE IN THE STATE. IT TEMPTS DOCTORS TO USE PRODUCTS UNSUITABLE OR LESS EFFECTIVE IF THEY ARE MANUFACTURED OR SOLD BY A COMPANY THE DOCTOR OR FAMILY HAVE AN INTEREST IN.

SPONSOR(S): NELS HAATAJA

COMMITTEE ASSIGNMENT: SOCIAL SERVICES

LEGACY LEGISLATURE BILL NO. 15

SHORT NAME: RURAL FAMILY PRACTICE RESIDENCY PROGRAM

A BILL FOR AN ACT ENTITLED: AN ACT TO PROVIDE FOR A RURAL FAMILY PRACTICE RESIDENCY PROGRAM TO BE SET UP FOR THE STATE OF MONTANA.

SECTION 1. AT THE PRESENT TIME MONTANA AND ALASKA ARE THE ONLY STATES IN THE UNION WITHOUT SUCH A RESIDENCY PROGRAM AND BOTH STATES SUFFER FROM A SHORTAGE OF PHYSICIANS.

SECTION 2. SINCE STUDIES HAVE SHOWN A YOUNG DOCTOR USUALLY SETTLES TO PRACTICE WITHIN 70 MILES OF WHERE HE TOOK HIS RESIDENCY, SUCH A PROGRAM COULD BE AN INCENTIVE FOR GOOD, YOUNG DOCTORS TO SETTLE AND PRACTICE IN MONTANA.

SECTION 3. DUE TO THE FACT THAT BILLINGS NOT ONLY HAS THE GREATEST NUMBER OF DOCTORS, BUT ALSO IS LOCATED NEAREST TO THE AREA OF THE GREATEST NEED FOR MEDICAL PERSONNEL, IT WOULD SEEM APPROPRIATE TO INITIATE OUR RESIDENCY PROGRAM IN THAT AREA.

SECTION 4. A VIABLE PROGRAM WOULD BE A 6-6-6 PROGRAM; OR IN OTHER WORDS, SIX DOCTORS IN EACH PHASE OF A THREE YEAR PROGRAM FOR A TOTAL OF 18 DOCTORS IN RESIDENCY AT ANY TIME. THE FIRST YEAR OF RESIDENCY WOULD BE CONDUCTED IN ~~EITHER OF~~ THE TWO TEACHING HOSPITALS IN BILLINGS: ST. VINCENT'S HOSPITAL AND DEACONESS MEDICAL CENTER. AND AT A PROPOSED FAMILY PRACTICE RESIDENCE CENTER. THE SECOND AND THIRD YEARS WILL BE CONDUCTED IN THE RURAL AREAS OF LEWISTOWN, GLASGOW, SIDNEY AND GLENDIVE.

SECTION 5. THE BUDGET, WHEN IN COMPLETE OPERATION, WILL BE $1,800,000 TO BE FINANCED IN THE FOLLOWING MANNER: THE STATE OF MONTANA - $360,000; HOSPITALS - $630,000; PATIENT REVENUE - $504,000; FEDERAL SUPPORT - $126,000; AND RURAL HOSPITAL SUPPORT - $180,000. THIS FINANCING HAS BEEN RESEARCHED AND APPROVED BY A SUB COMMITTEE ON TRAINING OF HEALTH PROFESSIONALS ATTACHED TO THE GOVERNOR'S HEALTH CARE FOR MONTANANS PROGRAM.

SPONSOR(S): R.H. "BUFF" HULTMAN

COMMITTEE ASSIGNMENT: HEALTH

LEGACY LEGISLATURE BILL NO. 16

SHORT NAME: AREA RENT CONTROL BOARD

A BILL FOR AN ACT ENTITLED: AN ACT TO CONTROL EXCESSIVE RENTS ON LOW RENT HOUSING. MORE APPROPRIATE AS AREA BOARD RATHER THAN STATE CONTROLLED.

SECTION 1. MANY AREAS THROUGHOUT OUR STATE HAVE FOUND RENT TO BE EXCESSIVE AND LOW INCOME CITIZENS ARE UNABLE TO MEET THE RISING COSTS. PERSONS ON WELFARE OR QUALIFYING LOW INCOME MUST RECEIVE SUPPLEMENTARY RENT FROM GOVERNMENT FUNDING (H.R.D.C. - TAXES).

SECTION 2. ESCALATING RENTS IN SPECIFIC AREAS HAVE COME ABOUT DUE TO "OUT OF STATE PERSONS" ACQUIRING LOW COST APARTMENTS, DUPLEXES AND SINGLE FAMILY DWELLINGS. NOTIFICATION OF RENT INCREASES COME FROM "LANDLORD" AGENTS.

SECTION 3. A RENT CONTROL BOARD WOULD DETERMINE REASONABLE RENT ON THE BASIS OF PROPERTY TAX EVALUATION.

~~SECTION 4. REPAIRS AND UPKEEP MAY NOT BE ADDED TO RENTS SINCE THESE EXPENSES ARE DEDUCTIBLE FROM FEDERAL TAX.~~

SECTION 5. THE BOARD WOULD CONSIST OF ONE MEMBER FROM EACH OF THE FOLLOWING LOCAL GROUPS: COUNTY COMMISSIONERS, CITY COUNCIL, TENANT, LANDLORD AND HOMEOWNER-TAX PAYER. MEMBERS TO BE CHOSEN BY CITY MAYOR AND CHAIRMAN OF SENIOR CITIZEN BOARD IN COOPERATION WITH THE STATE H.R.D.C. ADMINISTRATOR. BOARD MEMBERS MAY NOT BE COMPENSATED. WOULD SERVE ALTERNATE TERMS FOR THREE YEARS. ALL INDIVIDUALS MUST AGREE TO ACCEPT CALLS OF COMPLAINTS FROM TENANTS OR LANDLORDS.

SECTION 6. DETERMINATION OF PROBLEM RESOLUTION TO BE MADE BY COMMITTEE MEMBERS IN AN OPEN MEETING IF REQUIRED BY COMPLAINANT.

SPONSOR(S): JESSIE L. HARMAN

COMMITTEE ASSIGNMENT: TAXATION

LEGACY LEGISLATURE BILL NO. 18

SHORT NAME: FUNDING OF SENIOR TRANSPORTATION PROGRAMS

A BILL FOR AN ACT ENTITLED: AN ACT TO FUND SENIOR TRANSPORTATION AND SENIOR PROGRAMS.

THE EXISTING PERMISSIVE 1-MILL LEVY IN TITLE 7-16-101 REVISED CODES OF MONTANA FOR SENIOR PROGRAMS AND THE EXISTING PERMISSIVE 1-MILL LEVY IN TITLE 7-14-11 REVISED CODES OF MONTANA BE MADE MANDATORY.

SPONSOR(S): JOHN ST. JERMAIN

COMMITTEE ASSIGNMENT: FINANCE

LEGACY LEGISLATURE BILL NO. 20

SHORT NAME: FUNDING OF INFORMATION AND REFERRAL PROGRAM

A BILL FOR AN ACT ENTITLED: INCREASED FUNDING FOR THE STATEWIDE INFORMATION AND REFERRAL PROGRAM AS ADMINISTERED BY THE AREA AGENCIES ON AGING.

WHEREAS, INFORMATION AND REFERRAL SERVICES ARE AN INTRICATE PART OF PROVIDING A WIDE RANGE OF COORDINATED SERVICES AS DIRECTED BY THE OLDER AMERICANS ACT OF 1965, AS AMENDED, AND THE MONTANA OLDER AMERICANS ACT, FOR OLDER MONTANANS BY AREA AGENCIES ON AGING; AND

WHEREAS, THE POPULATION OF RURAL MONTANA ~~IS INCREASING IN THE NUMBER OF ELDERLY RESIDENTS WHILE THE AVAILABILITY AND ACCESS TO SERVICES IS DIMINISHING;~~ HAS INCREASED TO 140,813 ELDERLY RESIDENTS WHILE THE AVAILABILITY AND ACCESS IS DIMINISHING; AND

WHEREAS, THERE ARE 51 INFORMATION AND REFERRAL TECHNICIANS IN THE STATE; AND

WHEREAS, THE DUTIES OF THESE INFORMATION AND REFERRAL TECHNICIANS HAVE BENE INCREASED IN THE LAST YEARS; AND

WHEREAS, THE NEED FOR INFORMATION, REFERRAL AND COORDINATION OF SERVICES FOR THE ELDERLY IS NECESSARY IN MAINTAINING THE QUALITY OF CARE AND LIFE OF MONTANA'S AGING POPULATION.

THEREFORE, BE IT RESOLVED THAT THE STATE OF MONTANA INCREASE THE AMOUNT OF FUNDING TO THE DEPARTMENT OF FAMILY SERVICES, GOVERNOR'S OFFICE ON AGING BY $500,000.

SPONSOR(S): DOROTHY COOK

COMMITTEE ASSIGNMENT: SOCIAL SERVICES

LEGACY LEGISLATURE BILL NO. 22

SHORT NAME: STATE VETS NURSING HOME

A BILL FOR AN ACT ENTITLED: AN ACT RESERVING .02 CENTS OF THE .18 CENT TAX DEPOSITED TO THE LONG-RANGE BUILDING PROGRAM FUND FOR THE OPERATION AND MAINTENANCE OF STATE VETERANS' NURSING HOMES; AND AMENDING SECTION 16-11-119, MCA.

SECTION 1. BE IT ENACTED BY THE LEGISLATURE OF MONTANA: SECTION 16-11-119, MCA, IS AMENDED TO READ: "DISPOSITION OF TAXES--RETIREMENT OF BONDS. ALL MONEYS COLLECTED UNDER THE PROVISIONS OF 16-11-119, LESS THE EXPENSE OF COLLECTING ALL THE TAXES LEVIED, IMPOSED AND ASSESSED BY SAID SECTION, SHALL BE PAID TO THE STATE TREASURER AND DEPOSITED AS FOLLOWS: 70.89% IN THE LONG-RANGE BUILDING PROGRAM FUND IN THE DEBT SERVICE FUND TYPE; 18.01% IN THE LONG-RANGE BUILDING PROGRAM FUND IN THE CAPITAL PROJECTS FUND TYPE; AND 11.10% IN THE LONG-RANGE BUILDING PROGRAM FUND IN THE CAPITAL PROJECTS FUND TYPE RESERVED FOR THE OPERATION AND MAINTENANCE OF THE STATE VETERANS' NURSING HOMES."

SPONSOR(S): JOHN JOHNSON

COMMITTEE ASSIGNMENT: TAXATION

LEGACY LEGISLATURE BILL NO. 23

SHORT NAME: SINGLE POINT OF ACCESS FOR COMMUNITY LTC

A BILL FOR AN ACT ENTITLED: AN ACT TO CREATE A SINGLE POINT OF ACCESS FOR COMMUNITY BASED LONG-TERM CARE, THAT IT IS NOW NECESSARY FOR MONTANA.

SECTION 1. COMMUNITY BASED LONG-TERM CARE SERVICES ARE DIFFICULT TO ACCESS BECAUSE THEY ARE ADMINISTERED BY A NUMBER OF PUBLIC AND PRIVATE AGENCIES WITH DIFFERING ELIGIBILITY STANDARDS AND RULES. IN ADDITION, AVAILABLE PUBLIC AND PRIVATE FUNDS MAY NOT BE UTILIZED IN THE MOST EFFICIENT MANNER DUE TO THIS FRAGMENTATION.

SECTION 2. A NEW SYSTEM TO ACCESS COMMUNITY BASED LONG-TERM CARE SHOULD BE DEVELOPED, WITH SEVERAL PILOT PROJECTS BEGUN DURING THE NEXT BIENNIUM. THE GOAL SHOULD BE TO LEARN FROM THESE PILOTS AND IMPLEMENT THIS DESIGN STATEWIDE DURING THE FOLLOWING BIENNIUM.

SECTION 3. THE BASIC COMPONENTS OF THE PILOT WILL INCLUDE:

1. INITIAL ACCESS TO LONG-TERM CARE SERVICE INFORMATION FOR THE PILOT COMMUNITY WILL BE THROUGH A TOLL-FREE TELEPHONE NUMBER. THIS SERVICE WILL ALSO INCLUDE A BRIEF ASSESSMENT, REFERRAL TO APPROPRIATE SERVICES AND FOLLOW-UP WITH THE APPROPRIATE AGENCIES. CALLERS WITH COMPLEX OR NUMEROUS NEEDS WILL BE REFERRED FOR ADDITIONAL ASSESSMENT AND CASE MANAGEMENT SERVICES.

2. PILOT COMMUNITIES WILL DESIGNATE A SINGLE POINT OF ACCESS AGENCY OR OFFICE. THE ENTITY WILL BE STAFFED BY AT LEAST ONE F.T.E. RESPONSIBLE FOR THE FUNCTIONING OF THIS PROGRAM. THE DESIGNATED ENTITY MUST HAVE THE APPROVAL OF THE COUNTY HUMAN SERVICES DIRECTOR AND THE AREA AGENCY ON AGING DIRECTOR FOR THE COMMUNITY. IN ADDITION, THE COMMUNITY, UNDER THE DIRECTION OF THE AREA AGENCY DIRECTOR AND COUNTY HUMAN SERVICE DIRECTOR, MUST CREATE A BOARD COMPOSED OF THE PRIVATE AND PUBLIC AGENCIES INVOLVED IN LONG-TERM CARE ISSUES AND CONSUMERS TO ADVISE AND DIRECT THE DEVELOPMENT OF THE PILOT.

3. THE SINGLE POINT ENTITY MUST AGREE TO PROVIDE THE FOLLOWING SERVICES: SERVE ALL AGE GROUPS; PROVIDE INFORMATION ON THE AVAILABLE

SERVICES IN THE COMMUNITY (BOTH PUBLIC AND PRIVATE); PERFORM ASSESSMENTS WHICH WILL MEET THE NEEDS OF THE PROVIDERS; DEVELOP CARE PLANS FOR ALL APPLICANTS; PROVIDE CASE MANAGEMENT FOR THOSE MEETING PRE-SET LEVEL OF NEED BUT NOT ELIGIBLE FOR MEDICAID CASE MANAGEMENT SERVICES; PROVIDE SUPPORT SERVICES FOR CAREGIVERS; DEVELOP A SYSTEM TO COLLECT SLIDING-SCALE CONTRIBUTIONS FROM PARTICIPANTS; AND COMPILE DATA ON UNMET LONG-TERM CARE NEEDS IN THE COMMUNITY.

4. THE SINGLE POINT ENTITY WILL BE RESPONSIBLE FOR DEVELOPING A STRATEGY FOR THE MOST EFFICIENT COORDINATION OF RESOURCES WITH THE GOAL OF PROVIDING THE MAXIMUM AMOUNT OF LONG-TERM CARE SERVICES. THE RESOURCES TO BE COORDINATED INCLUDE MEDICAID, OLDER AMERICANS ACT, STATE GENERAL FUND, CLIENT CONTRIBUTIONS, LOCAL FUNDS, VOLUNTEER RESOURCES, AND FAMILY CAREGIVER RESOURCES.

SECTION 4. THE MONTANA LEGISLATURE SHALL APPROPRIATE $250,000 IN THE NEXT BIENNIUM FOR THE PILOT PROJECT TO THE DEPARTMENT OF FAMILY SERVICES (GOVERNOR'S OFFICE ON AGING).

SECTION 5. THIS ACT IS EFFECTIVE ON THE PASSAGE OF THIS BILL.

SPONSOR(S): DOLORAS CARTER

COMMITTEE ASSIGNMENT: CONSUMER AFFAIRS

LEGACY LEGISLATURE BILL NO. 24

SHORT NAME: MONTANA UNIVERSAL HEALTH INSURANCE PLAN

A BILL FOR AN ACT ENTITLED: AN ACT PROVIDING UNIVERSAL HEALTH INSURANCE, INCLUDING LONG-TERM CARE, FOR ALL MONTANA RESIDENTS AND WITH A ONE-PAYER SYSTEM.

SECTION 1. THE PURPOSE OF THIS ACT IS TO PROVIDE UNIVERSAL COVERAGE FOR ALL RESIDENTS OF MONTANA.

SECTION 2. SERVICES TO INCLUDE AT LEAST CLINICAL AND COMMUNITY-BASED PRIMARY AND PREVENTIVE CARE; PHYSICIAN AND OTHER PRACTITIONER SERVICES; INPATIENT AND OUTPATIENT HOSPITAL SERVICES; TESTING AND DIAGNOSTIC SERVICES; PRESCRIPTION DRUGS; DENTAL SERVICES; MENTAL HEALTH SERVICES; LONG-TERM CARE SERVICES INCLUDING ATTENDANT SERVICES, ASSISTIVE TECHNOLOGY, HOME AND COMMUNITY-BASED SERVICES, LIMITED INSTITUTIONAL SERVICES AND RESPITE CARE; AND CERTAIN NECESSARY AUXILIARY SERVICES SUCH AS TRANSPORTATION. DOES NOT INCLUDE PURELY COSMETIC SURGERY OR EXAMS FOR LIFE INSURANCE OR LEGAL PROCEEDINGS.

SECTION 3. NO DEDUCTIBLES, CO-PAYMENTS OR OTHER COST-SHARING THAT CREATE FINANCIAL OBSTACLES TO CARE.

SECTION 4. CONSUMERS TO HAVE FREE CHOICE OF HEALTH CARE PROVIDERS.

SECTION 5. PRACTITIONERS HAVE CHOICE OF REIMBURSEMENT THROUGH FEE-FOR-SERVICE, SALARIED ARRANGEMENTS, OR CAPITATED PLANS. HEALTH CARE FACILITIES SUCH AS HOSPITALS AND NURSING HOMES TO BE PAID UNDER "GLOBAL" OPERATING BUDGETS WITH CAPITAL IMPROVEMENTS BUDGETED SEPARATELY.

SECTION 6. PUBLIC FINANCING TO REPLACE INSURANCE PREMIUMS, MEDICARE, MEDICAID, OTHER PUBLIC EXPENDITURES FOR PERSONAL HEALTH SERVICES, AND OUT-OF-POCKET PAYMENTS NOW BORNE BY CONSUMERS. REVENUE SOURCES TO INCLUDE FAIR INCOME TAXES AND OTHER SOURCES TO BE IDENTIFIED BY THE STATE LEGISLATURE.

SECTION 7. SAVINGS TO BE ACHIEVED THROUGH ELIMINATION OF WASTEFUL ADMINISTRATION COSTS AND PAPERWORK AND BILLING CAUSED BY MULTIPLE PAYORS, GLOBAL BUDGETS FOR FACILITIES, REDUCTION OF CURRENT INCENTIVES FOR

ORDERING OF UNNECESSARY TESTS AND SURGERY, PROVISION OF PRIMARY HEALTHCARE TO PREVENT NEED FOR MORE COSTLY SERVICES, AND ELIMINATION OF FINANCIAL BARRIERS THAT DELAY NEEDED CARE.

SECTION 8. FUND TO BE AVAILABLE TO ASSIST UNDERSERVED RURAL AREAS WHERE ACCESS TO PHYSICIANS AND OTHER HEALTH SERVICES IS OFTEN LACKING.

SECTION 9. PLAN REQUIRES ESTABLISHMENT OF A SYSTEM FOR QUALITY MONITORING AND ASSURANCE TO BE COORDINATED WITH EXISTING AGENCIES CHARGED WITH THIS FUNCTION.

SECTION 10. PORTION OF BUDGET TO BE RESERVED TO ELIMINATE INAPPROPRIATE WAITING TIME FOR SERVICES, SHOULD ANY DEVELOP.

SECTION 11. PLAN TO BE INTEGRATED OVER A PERIOD OF THREE YEARS.

SECTION 12. SPECIAL HEALTH BOARD OF SEVEN TO NINE MEMBERS, INITIALLY APPOINTED BY THE GOVERNOR, TO ADMINISTER THE PLAN. AT THE FIRST GENERAL ELECTION FOLLOWING THE APPOINTMENTS FIVE MEMBERS WOULD BE ELECTED TO STAGGERED TERMS FROM DISTRICTS SIMILAR TO THOSE OF THE PUBLIC SERVICE COMMISSION. OTHER MEMBERS WOULD CONTINUE TO BE GOVERNOR APPOINTED, REPRESENTING CONSUMERS, FOR TERMS OF NO MORE THAN FOUR YEARS.

SPONSOR(S): DOUG CAMPBELL

COMMITTEE ASSIGNMENT: HEALTH

LEGACY LEGISLATURE BILL NO. 25

SHORT NAME: MEDICAID PAYMENT FOR PERSONAL CARE SERVICES

A BILL FOR AN ACT ENTITLED: AN ACT TO PROVIDE MEDICAID PAYMENTS FOR PERSONAL CARE SERVICES PROVIDED IN RETIREMENT HOMES AND PERSONAL CARE HOMES.

SECTION 1. WHEREAS, MEDICAID PAYS FOR INDIVIDUALS IN NURSING HOMES; THEREFORE, MEDICAID SHOULD PAY FOR PERSONAL CARE IN RETIREMENT HOMES AND PERSONAL CARE HOMES.

A. THERE ARE SEVERAL RETIREMENT HOMES DEVELOPING ASSISTED LIVING PROGRAMS IN THEIR FACILITIES TO HELP RESIDENTS REMAIN IN THESE HOMES LONGER; AND

B. THE COST OF THE ASSISTED LIVING PROGRAMS VERSUS THE COST OF NURSING HOMES WOULD SAVE MEDICAID MILLIONS OF DOLLARS; AND

C. THE RESIDENTS CAN LIVE IN DIGNITY, INDEPENDENTLY, AND IN A HOME-LIKE SETTING; AND

D. THE PSYCHOLOGICAL BENEFITS OF COTTAGE HOME ENVIRONMENTS HAS BEEN PROVEN IDEAL FOR THE DEVELOPMENTALLY DISABLED AS WELL AS VICTIMS OF DEMENTIA.

SECTION 2. THEREFORE, BE IT RESOLVED THAT MEDICAID ASSIST IN PAYING FOR PERSONAL CARE SERVICES IN RETIREMENT HOMES AND PERSONAL CARE HOMES.

SECTION 3. CODIFICATION INSTRUCTION, PART 1, IS INTENDED TO BE CODIFIED AS AN INTEGRAL PART OF TITLE 53, CHAPTER 6.

SPONSOR(S): L.R. RANDY NESS, GORDON MCGOWAN

COMMITTEE ASSIGNMENT: SOCIAL SERVICES

LEGACY LEGISLATURE BILL NO. 26

SHORT NAME: VIOLATION TO REFUSE MEDICARE ASSIGNMENT

A BILL FOR AN ACT ENTITLED: AN ACT PROVIDING THAT IT IS A VIOLATION OF THE MONTANA UNFAIR TRADE PRACTICES AND CONSUMER PROTECTION ACT FOR A HEALTH CARE PROVIDER TO REFUSE MEDICARE ASSIGNMENTS; REQUIRING POSTING OF THIS LAW IN THE PLACE OF BUSINESS OF EACH HEALTHCARE PROVIDER; AND PROVIDING EFFECTIVE DATES.

SECTION 1. VIOLATION TO REFUSE MEDICARE ASSIGNMENT.

1. IT IS A VIOLATION OF THIS PART FOR A HEALTHCARE PROVIDER TO REFUSE TO ACCEPT MEDICARE PATIENTS ON THE BASIS OF AN ASSIGNMENT MADE PURSUANT TO 1842 (B)(3)(b)(II) OF THE FEDERAL SOCIAL SECURITY ACT (42 U.S.C. 1395u(b)(3)(b)(ii).

2. FOR PURPOSES OF THIS SECTION, A HEALTHCARE PROVIDER IS A PERSON OR ORGANIZATION THAT PROVIDES GOODS OR SERVICES THAT ARE SUBJECT TO PAYMENT OR REIMBURSEMENT UNDER THE FEDERAL MEDICARE PROGRAM TO INDIVIDUAL MEDICARE BENEFICIARIES.

3. EVERY HEALTHCARE PROVIDER SHALL POST A COPY OF THIS ACT IN A CONSPICUOUS AREA IN HIS/HER PLACE OF BUSINESS.

SECTION 2. PENALTIES.

1. A PERSON WHO VIOLATES THE TERMS OF AN INJUNCTION OR TEMPORARY RESTRAINING ORDER ISSUED UNDER 30-14-111 SHALL FORFEIT AND PAY TO THE STATE A CIVIL PENALTY OF NOT MORE THAN $1,000 PER VIOLATION. FOR THE PURPOSES OF THIS SECTION, THE DISTRICT COURT ISSUING AN INJUNCTION OR TEMPORARY RESTRAINING ORDER RETAINS JURISDICTION AND THE CAUSE SHALL BE CONTINUED, AND THE DEPARTMENT ACTING IN THE NAME OF THE STATE MAY PETITION FOR RECOVERY OF CIVIL PENALTIES.

2. IN ACTION BROUGHT UNDER 30-14-111, IF THE COURT FINDS THAT A PERSON IS WILLFULLY USING OR HAS WILLFULLY USED A METHOD, ACT OR PRACTICE DECLARED UNLAWFUL BY 30-14-103, THE DEPARTMENT, UPON PETITION TO THE COURT, MAY RECOVER ON BEHALF OF THE STATE A CIVIL PENALTY OF NOT MORE THAN $500 PER VIOLATION.

3. A PERSON WHO ENGAGES IN A FRAUDULENT COURSE OF CONDUCT DECLARED UNLAWFUL BY 30-14-103 OR WHO VIOLATES THE PROVISIONS OF SECTION 1 SHALL, UPON CONVICTION, BE FINED NOT MORE THAN $2,000 AT THE DISCRETION OF THE COURT. NOTHING IN THIS SUBSECTION LIMITS ANY OTHER PROVISION OF THIS PART.

4. FOR PURPOSES OF SUBSECTION 2, A WILLFUL VIOLATION OCCURS WHEN THE PARTY COMMITTING THE VIOLATION KNEW OR SHOULD HAVE KNOWN THAT HIS/HER CONDUCT WAS A VIOLATION OF 30-14-103.

SECTION 3. ANY EXISTING AUTHORITY TO MAKE RULES ON THE SUBJECT OF THE PROVISIONS OF THIS ACT IS EXTENDED TO THE PROVISIONS OF THIS ACT.

SECTION 4. SECTION 1 IS INTENDED TO BE CODIFIED AS AN INTEGRAL PART OF TITLE 30, CHAPTER 14, PART 1; AND THE PROVISIONS OF TITLE 30, CHAPTER 14, PART 1 APPLY TO SECTION 1.

SECTION 5. SECTIONS 3 AND 4 ARE EFFECTIVE ON PASSAGE AND APPROVAL. SECTIONS 1 AND 2 ARE EFFECTIVE JULY 1, 1993.

SECTION 6. **UPON PASSAGE OF THIS BILL IT IS MANDATORY THAT HEALTH INSURANCE COMPANIES REDUCE THEIR PREMIUMS TO REFLECT THEIR SAVINGS.**

SPONSOR(S): ~~L.R. RANDY NESS~~ BEN VAUGHN

COMMITTEE ASSIGNMENT: HEALTH

LEGACY LEGISLATURE BILL NO. 27

SHORT NAME: CHANGE STATE FISCAL YEAR

A BILL FOR AN ACT ENTITLED: AN ACT CHANGING THE FISCAL YEAR FOR STATE, COUNTIES, CITIES AND TOWNS TO COINCIDE WITH THE FEDERAL FISCAL YEAR.

SECTION 1. EACH GOVERNMENTAL AGENCY RECEIVING BOTH FEDERAL AND STATE FUNDS IS KEEPING TWO SETS OF PERMANENT RECORDS. THIS CAUSES CONFUSION FOR BOARD MEMBERS, ADVISORY COUNCILS AND THE GENERAL PUBLIC. SOMETIMES THE FUNDS ARE MOVED FROM ONE ACCOUNT TO THE OTHER TO OFFSET OVERSPENDING BY FISCAL YEARS.

GENERAL FUND BUDGETS FOR COUNTIES, ETC. ARE PREPARED IN MAY OR JUNE. THESE ARE APPROVED IN AUGUST. THE AGENCY HAS SPENT MONEY FOR ABOUT SIX WEEKS BEFORE TO FINAL BUDGET IS APPROVED.

BUDGET COMPUTER PRINTOUTS WERE DONE IN JUNE AND AGAIN IN AUGUST. THIS CAUSES EXTRA COMPUTER TIME AND PAPER USE WHICH FAILS TO COMPLY WITH A NEW LAW TO REDUCE TRASH, PLANS FOR WHICH WERE DUE JANUARY 1, 1992.

SECTION 2. PROPOSED TIMELINES FOR PROPERTY TAX FOR COUNTIES:

1. COUNTY ASSESSOR MAIL OUT CHANGES IN PROPERTY TAX ASSESSMENT BY MARCH 15;
2. COUNTY APPEAL BOARD HEARINGS FROM APRIL 1 TO JUNE 30;
3. COUNTY ASSESSMENT POLL SENT TO COUNTY COMMISSIONERS BY JULY 14;
4. COUNTY OFFICES AND AGENCIES TURN IN BUDGETS BY JULY 21;
5. COUNTY COMMISSIONERS HOLD PUBLIC HEARINGS STARTING THIRD WEDNESDAY IN AUGUST;
6. COUNTY COMMISSIONERS ADOPT FINAL BUDGET BY FOURTH WEDNESDAY IN AUGUST; AND
7. NEW FISCAL YEAR TO START OCTOBER 1.

SECTION 3. IT HAS BEEN ESTIMATED THAT A SAVINGS OF AT LEAST ONE MILLION DOLLARS IN AGENCY AND LOCAL STATE SUBDIVISIONS USING PROPERTY TAX AND/OR FEDERAL FUNDS SHOULD RESULT EACH YEAR.

SPONSOR(S): JACK WHITE

COMMITTEE ASSIGNMENT: JUDICIARY

LEGACY LEGISLATURE BILL NO. 28

SHORT NAME: CALL FOR ANNUAL LEGISLATIVE SESSIONS

A BILL FOR AN ACT ENTITLED: MONTANA LEGISLATORS ARE REQUESTED TO CALL FOR A REFERENDUM ALLOWING VOTERS TO CHOOSE WHETHER TO CHANGE THE BIANNUAL LEGISLATIVE SESSION OF NINETY (90) LEGISLATIVE DAYS TO ANNUAL LEGISLATIVE SESSIONS OF NOT MORE THAN FIFTY (50) LEGISLATIVE DAYS.

SECTION 1. MONTANA OPERATES ON AN ANNUAL BUDGET WHICH DOES NOT COINCIDE WITH BIANNUAL MEETINGS. IN THE EVENT OF SHORTFALL OR OTHER CONTINGENCIES IN THE BUDGET, SPECIAL SESSIONS ARE CALLED. THIS RESULTS IN ADDED COSTS TO TAXPAYERS. FEDERAL GRANTS ARE AVAILABLE ON A FISCAL SCHEDULE THAT IS NOT ALWAYS CONVENIENT BECAUSE THEY MAY BE AVAILABLE BETWEEN BIANNUAL SESSIONS.

SECTION 2. CURRENTLY THE 90 DAY WORK SESSIONS REQUIRE LEGISLATORS TO BE AWAY FROM THEIR JOBS, BUSINESSES AND PROFESSIONS NEARLY FOUR (4) MONTHS. THIS CREATES A BURDEN ON LEGISLATORS AND DISCOURAGES OTHERS WHO WOULD OTHERWISE BE AVAILABLE TO SERVE. MONTANA NEEDS LEGISLATORS WHO REPRESENT A CROSS SECTION OF MONTANA RESIDENTS. A SHORTER SESSION THAT IS SCHEDULED ANNUALLY WOULD ENCOURAGE CANDIDATES TO COMPETE FOR LEGISLATIVE POSITIONS FROM A MORE COMPREHENSIVE GROUP OF RESIDENTS.

SECTION 3. TODAY MONTANA'S MANY SERVICES FOR ITS RESIDENTS REQUIRE MORE DEPARTMENTS AND AGENCIES; THESE SERVICES ARE PROGRAMMED TO ANNUAL BUDGETS. BIANNUAL SESSIONS ARE NOT CONSISTENT WITH ANNUAL APPROPRIATIONS.

SECTION 4. BECAUSE OF THE COMPLEXITY OF CURRENT STATE GOVERNMENT, BILLS AFFECTING MONTANA LAWS GOVERNING THE STATE ARE VERY VOLUMINOUS AND DETAILED. COMPOUNDING THE PROBLEM IS THE INCREASING NUMBER OF BILLS NOW BEING INTRODUCED AT EACH SESSION. GREATER WORKLOADS ARE ALLOWED TO ACCUMULATE AS THE SESSION NEARS THE END. LAST MINUTE BILLS ARE OFTEN CRAMMED THROUGH WITHOUT RESEARCH AND STUDY. ANNUAL SESSIONS WOULD HELP TO REDUCE THIS WORK LOAD PROBLEM.

SPONSOR(S): HERMAN WITTMAN

COMMITTEE ASSIGNMENT: JUDICIARY

LEGACY LEGISLATURE BILL NO. 29

SHORT NAME: KEEP MONTANA THE LAST BEST PLACE

A BILL FOR AN ACT ENTITLED: AN ACT PROVIDING FOR A FIVE YEAR MORATORIUM ON ANY NEW INCINERATION OF WASTES; TOXIC, HAZARDOUS OR OTHERWISE. THIS MORATORIUM IS TO BE EFFECTIVE IMMEDIATELY. THIS BILL IS INTENDED TO PROVIDE TIME FOR THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES TO STUDY THE EFFECTS OF THIS INCINERATION ON OUR AIR, LAND, WATER AND CITIZENS AND TO MAKE THE NECESSARY REGULATIONS FOR ANY FUTURE INCINERATION. THIS MORATORIUM WILL AUTOMATICALLY BE EXTENDED ON A YEARLY BASIS IF THESE REGULATIONS ARE NOT IN PLACE.

SECTION 1. THE PROBLEM IS THAT OUR RURAL COUNTIES DO NOT HAVE THE REVENUE TO ZONE AGAINST THIS INCINERATION.

SECTION 2. THERE ARE STUDIES THAT SHOW THE INCINERATION OF THESE WASTES PUT MANY NEW FORMS OF POISONS I OUR AIR. THE INCINERATION DOES NOT GET RID OF THE ORIGINAL POISONS, IT BREAKS THEM UP INTO NEW FORMS THAT CAN'T BE SEEN OR TESTED FOR AS READILY AS THE ORIGINAL AND THAT ARE JUST AS BAD FOR THE HEALTH, SAFETY AND WELFARE OF OUR CITIZENS.

SECTION 3. WE BELIEVE WE HAVE THE KNOWLEDGE AND THE RESOURCES TO DEVELOP WAYS TO SAFELY DISPOSE OF THESE HAZARDOUS AND TOXIC WASTES IF WE CHOOSE TO CHANNEL THEM IN THIS DIRECTION.

SECTION 4. IF WE IN MONTANA CAN KEEP OUR ENVIRONMENT AS IT IS NOW, TOURISTS WILL CERTAINLY BE ATTRACTED HERE, AND REVENUES FROM TOURISM CAN ASSIST IN FUNDING THIS BILL.

THUS, WE ASK THE LEGISLATURE TO PASS THIS BILL FOR A FIVE YEAR MORATORIUM AND DIRECT OUR DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES TO CONDUCT THE STUDY AND MAKE ALL NECESSARY REGULATIONS FOR THE HEALTH, SAFETY AND WELFARE OF OUR CITIZENS.

SPONSOR(S): GLORIA MOATS

COMMITTEE ASSIGNMENT: COMMUNITY AFFAIRS

LEGACY LEGISLATURE RESOLUTION NO. 1

SHORT NAME: UNIVERSITY SYSTEM AUDIT

A RESOLUTION ENTITLED: DEPARTMENT OF COMMERCE REVIEW OF ALL MONTANA UNIVERSITY FUNDS.

WHEREAS, THE STATE OF MONTANA HAS A LARGE DEFICIT ENTERING THE NEXT BIENNIUM; AND

WHEREAS, THE MONIES PROVIDED TO THE ENTIRE UNIVERSITY SYSTEM WAS INCREASED 41% FROM THE 89/91 BIENNIUM TO THE 91/93 BIENNIUM; AND

WHEREAS, THE REGENTS STATE THAT EVEN WITH THIS HUGE INCREASE IN FUNDING, MORE MONEY IS NEEDED; AND

WHEREAS, NEITHER THE STATE ADMINISTRATION, THE LEGISLATURE, OR THE BOARD OF REGENTS KNOWS OF ALL THE MONIES FROM ALL SOURCES NOW BEING SPENT BY THE ENTIRE UNIVERSITY SYSTEM; AND

WHEREAS, THE CITIZENS OF THE STATE OF MONTANA CAN NOT CARRY THE BURDEN OF ANY MORE TAXES REGARDLESS OF THE SOURCE.

THEREFORE, BE IT RESOLVED THAT THE 1992 MONTANA LEGACY LEGISLATURE RECOMMENDS TO THE MONTANA STATE LEGISLATURE THAT THE DIRECTOR OF THE DEPARTMENT OF COMMERCE REVIEW ALL THE VARIOUS FUNDS, SOURCES OF FUNDS, AND FUND BALANCES OF ALL THE UNITS OF THE MONTANA UNIVERSITY SYSTEM AND PRESENT THE FINDINGS AND ANY PROPOSED ACTIONS TO THE MONTANA OVERSIGHT COMMITTEE AND THE LEGISLATIVE FINANCE COMMITTEE.

SPONSOR(S): BARRY NOLAN

COMMITTEE ASSIGNMENT: JUDICIARY

LEGACY LEGISLATURE RESOLUTION NO. 3

SHORT NAME: MINIMUM NURSING HOME STANDARDS FOR SPECIALIZED ALZHEIMER'S CARE UNITS

A RESOLUTION ENTITLED: MINIMUM NURSING HOME STANDARDS FOR SPECIALIZED ALZHEIMER'S CARE UNITS.

WHEREAS, ALZHEIMER'S DISEASE IS THE MOST COMMON DEMENTIA IN ADULTS; AND

WHEREAS, PRESENT NURSING HOME STANDARDS ARE DESIGNED FOR PHYSICAL RATHER THAN COGNITIVE IMPAIRMENTS; AND

WHEREAS, DEMENTIA CARE NEEDS ARE MORE SPECIALIZED THAN THE CARE OF THE PHYSICALLY FRAIL DUE TO UNIQUE REQUIREMENTS IN PHYSICAL ENVIRONMENTS, STAFFING PATTERNS, CARE METHODS, ACTIVITIES AND OPERATING PROCEDURES; AND

WHEREAS, NURSING HOMES ARE STARTING TO PROMOTE THEMSELVES AS SPECIAL ALZHEIMER UNITS AT AN INCREASED COST TO THE PATIENT; AND

WHEREAS, THERE ARE PRESENTLY NO MINIMUM STANDARDS IN MONTANA AS TO WHAT SERVICES NEED BE OFFERED BY A NURSING HOME TO AN ALZHEIMER'S PATIENT IF EITHER THAT NURSING HOME PROMOTES ITSELF AS AN ALZHEIMER'S FACILITY OR IF IT HAS ALZHEIMER'S PATIENTS; AND

WHEREAS, NATIONALLY IT HAS BEEN RECOGNIZED THAT NURSING HOMES NEED TO HAVE A STANDARDIZED ARRAY OF SERVICES TO BEST MEET THE DEMENTIA PATIENT NEEDS.

THEREFORE, BE IT RESOLVED THAT WE STRONGLY RECOMMEND THAT THE VARIOUS LICENSING DEPARTMENTS OF THE STATE OF MONTANA DRAW UP AND ENFORCE CERTAIN MINIMUM STANDARDS OF CARE TO BE PROVIDED BY ALL NURSING HOME FACILITIES FOR DEMENTIA SUFFERING INDIVIDUALS.

SPONSOR(S): LUISE VRANISH

COMMITTEE ASSIGNMENT: CONSUMER AFFAIRS

LEGACY LEGISLATURE RESOLUTION NO. 4

SHORT NAME: **MANDATORY LIABILITY PROTECTION**

A RESOLUTION ENTITLED: RESOLUTION TO MAKE EXISTING LAW MORE EFFECTIVE.

WHEREAS, EXISTING PENALTIES ARE NOT STRINGENT ENOUGH TO EFFECT CONTINUOUS LIABILITY COVERAGE.

THEREFORE, BE IT RESOLVED THAT MONTANA LAW:

1. REQUIRE THE INSURANCE CARRIER TO NOTIFY APPROPRIATE LAW ENFORCEMENT AGENCIES INVOLVED WHEN EXISTING LIABILITY COVERAGE IS CANCELED OR NOT RENEWED AT EXPIRATION; AND

2. REQUIRE APPROPRIATE LAW ENFORCEMENT AGENCY TO IMPOUND VEHICLE OF VIOLATING OWNER UNTIL LIABILITY COVERAGE IS IN FORCE; AND

3. RAISE EXISTING DOLLAR PENALTY AMOUNTS TO BE AT LEAST EQUAL TO AVERAGE COST OF LIABILITY INSURANCE PER YEAR (AMOUNT RESEARCHED TO BE ABOUT $500).

BE IT FURTHER RESOLVED THAT MONTANA LEGISLATURE ADOPT ALL THREE ABOVE SECTIONS TO EFFECTIVELY STRENGTHEN PENALTY LAW.

SPONSOR(S): W.D. HARDY

COMMITTEE ASSIGNMENT: FINANCE

LEGACY LEGISLATURE RESOLUTION NO. 5

SHORT NAME: LIMIT OF BILLS AND RESOLUTIONS - MT LEGISLATURE

A RESOLUTION ENTITLED: LIMIT OF BILLS AND RESOLUTIONS - MONTANA LEGISLATURE.

WHEREAS, A GREAT MAJORITY OF LEGISLATIVE TIME IS SPENT IN THE SUBMITTING OF BILLS AND RESOLUTIONS DURING THE STATE LEGISLATURE; AND

WHEREAS, COMMITTEE REVIEW AND CONSIDERATION OF THOSE BILLS TAKES MUCH TIME AND MONEY WHICH COULD BE SPENT ON MATTERS OF GREATER URGENCY IMPORTANT TO ALL MONTANA CITIZENS.

THEREFORE, BE IT RESOLVED THAT A BILL BE INTRODUCED IN THE LEGISLATURE LIMITING THE TOTAL NUMBER OF BILLS AND RESOLUTIONS TO FIVE AND THREE ~~RESPECTIVELY~~ PER LEGISLATOR. ADOPTION OF THIS RESOLUTION WILL PERMIT REPRESENTATIVES AND SENATORS TO CONSCIENTIOUSLY PRIORITIZE AND SCRUTINIZE THEIR PLANNED SUBMISSIONS WITH ALL CITIZENS OF THE STATE IN MIND AND REDUCE THE TENDENCY OF LIMITED CONSTITUENCY CONSIDERATION ONLY.

BE IT FURTHER RESOLVED THAT THIS LIMITING BILL BE CONSIDERED WITH HIGHEST PRIORITY AND IMPORTANCE.

SPONSOR(S): GENE BROWN

COMMITTEE ASSIGNMENT: JUDICIARY

LEGACY LEGISLATURE RESOLUTION NO. 6

SHORT NAME: ENFORCEMENT OF HEALTH INSURANCE SALES REGULATIONS

A RESOLUTION ENTITLED: MANDATING THAT THE COMMISSIONER OF INSURANCE FOR THE STATE OF MONTANA ENSURE ADEQUATE FUNDING FOR ENFORCEMENT OF REGULATIONS CONCERNING THE SALE OF HEALTH INSURANCE IN MONTANA.

WHEREAS, THE PRESENT SITUATION CONCERNING THE SALE OF HEALTH INSURANCE IN MONTANA AFFECTS ALL MONTANANS; AND

WHEREAS, THE INSURANCE COMMISSIONER'S EMPHASIS NEEDS TO BE DIRECTED TO ENFORCEMENT OF CURRENT LAWS. THIS MUST BE ACCOMPLISHED BY ALLOCATING GREATER ATTENTION AND FUNDING TO THIS CONCERN; AND

WHEREAS, THE COMMISSIONER HAS PUBLICLY REPORTED UNWILLINGNESS TO SEEK ADDITIONAL FUNDING. THE COMMISSIONER HAS FAILED TO REQUEST APPROPRIATION INCREASES, EVEN APPROPRIATION INCREASES REQUESTED BY OTHER AGENCIES; AND

WHEREAS, IT IS CLEAR THAT ADDITIONAL FUNDS ARE NEEDED TO ADEQUATELY ENFORCE CURRENT REGULATIONS AS THEY APPLY TO THE HEALTH INSURANCE INDUSTRY; AND

WHEREAS, A RECENT STUDY CONDUCTED BY THE MONTANA SENIOR CITIZENS ASSOCIATION INDICATES THAT 15 OF 37 COMPANIES CURRENTLY SELLING HEALTH INSURANCE POLICIES IN MONTANA DO NOT MEET EVEN MINIMUM REQUIREMENTS PRESCRIBED BY LAW; AND

WHEREAS, THE COST OF ADEQUATE HEALTH INSURANCE DIRECTLY AFFECTS ALL MONTANANS.

THEREFORE, BE IT RESOLVED BY THE MONTANA LEGACY LEGISLATURE THAT THE COMMISSIONER OF INSURANCE (STATE AUDITOR) BE DIRECTED TO OBTAIN SUFFICIENT FUNDS AND NECESSARY STAFF TO ADEQUATELY PERFORM THAT OFFICE'S RESPONSIBILITY TO ENFORCE THE REGULATIONS PRESCRIBED BY LAW AS THEY APPLY TO HEALTH INSURANCE SALES IN MONTANA.

SPONSOR(S): MARGARET FLEMING

COMMITTEE ASSIGNMENT: HEALTH

LEGACY LEGISLATURE RESOLUTION NO. 8

SHORT NAME: **FREEZE MEDICARE DEDUCTIONS**

A RESOLUTION ENTITLED: TO FREEZE MEDICARE DEDUCTIONS AT THE PRESENT LEVEL.

WHEREAS, THE DEDUCTIONS FOR MEDICARE ARE INCREASING EVERY TIME THE RECIPIENTS GET A COST OF LIVING INCREASE. THESE INCREASES ADD UP TO ALMOST THE AMOUNT OF THE INCREASE. IN SOME CASES IT AMOUNTS TO MORE THAN THE COST OF LIVING INCREASE, THUS LEAVING THE RECIPIENTS WITH A NEGATIVE GAIN ON THEIR PENSION; AND

WHEREAS, A BALANCED BILLING LAW WAS PASSED IN 1989 AND TOOK EFFECT JANUARY 1, 1991 BUT THIS LAW HAS NOT BEEN EFFECTIVELY IMPLEMENTED. IT LEAVES PATIENTS TO PAY EVEN MORE OF THE COST OF OUT OF POCKET EXPENSES; AND

WHEREAS, EVERY TIME THE DEDUCTIBLES ARE RAISED IT COSTS THE PATIENT THAT MUCH MORE. IT IS THE SAME AS A RAISE IN PREMIUMS WHICH IS NOT $29.90 FOR MEDICARE INSURANCE. EVEN THOUGH MEDICARE PAYS 80%, IT IS TIME TO PUT A CAP ON MEDICARE AND HOSPITAL CHARGES; LIMITING EVERY PARTICIPATING DOCTOR CHARGE TO 140% OF MEDICARE'S APPROVED AMOUNT, SURGERY TO 125% AND HOSPITAL CHARGES TO 125%.

THEREFORE, BE IT RESOLVED THAT ALL DEDUCTIONS FOR MEDICARE PART A, MEDICARE PART B, AND PREMIUMS DEDUCTED FROM THE PENSION CHECKS BE FROZEN AS NOW DEDUCTED. THIS IS TO BE IN EFFECT FOR ALL SOCIAL SECURITY, RAILROAD ANNUITIES, AND ALL OTHER PENSIONS THAT USE SOCIAL SECURITY AS A PATTERN FOR DEDUCTIONS FOR MEDICARE.

THEREFORE, BE IT ALSO RESOLVED THAT THE MONTANA STATE LEGISLATURE REQUEST THE U.S. CONGRESS TO PASS LEGISLATION EFFECTING THESE CHANGES AND THAT THE RESOLUTION BE SENT TO THE CONGRESSIONAL DELEGATION AND NATIONAL DIRECTOR OF MEDICARE.

SPONSOR(S): LLOYD PYFER

COMMITTEE ASSIGNMENT: FINANCE

LEGACY LEGISLATURE RESOLUTION NO. 9

SHORT NAME: CREATE A WORK PROGRAM

A RESOLUTION ENTITLED: A RESOLUTION TO CREATE A WORK PROGRAM SIMILAR TO THE W.P.A. OR C.C.C.PROGRAMS DURING THE 1930s.

SECTION 1. TO PROVIDE EMPLOYMENT FOR THOSE WHOSE UNEMPLOYMENT BENEFITS HAVE EXPIRED, ABLE-BODIED PERSONS NOW RECEIVING WELFARE AND OTHERS NEEDING EMPLOYMENT. FUNDING COULD BE PROVIDED BY FUNDS USED FOR WELFARE OR UNEMPLOYMENT BENEFITS.

THEREFORE, BE IT RESOLVED THAT THE MONTANA STATE LEGISLATURE REQUEST THE U.S. CONGRESS TO PASS A LAW CREATING THIS WORK PROGRAM AND COPIES OF THE RESOLUTION BE SENT TO THE MONTANA CONGRESSIONAL DELEGATION.

SPONSOR(S): JEANNETTE LEWIS

COMMITTEE ASSIGNMENT: FINANCE

LEGACY LEGISLATURE RESOLUTION NO. 11

SHORT NAME: AMENDMENT TO COMMERCIAL MOTOR CARRIER SAFETY ACT

A RESOLUTION ENTITLED: AN AMENDMENT TO COMMERCIAL MOTOR CARRIER SAFETY ACT PASSED BY CONGRESS ON OCTOBER 18, 1986.

WHEREAS, SENIOR CITIZENS WHO ARE LIVING LONGER LIVES AND NOT CAPABLE OF DRIVING THEMSELVES NEED TO HAVE COMMUNITY TRANSPORTATION; AND

WHEREAS, MOST 16 PASSENGER SENIOR SURREY BUSES DO NOT HAVE AIR BRAKES AND DO NOT CARRY QUANTITIES OF HAZARDOUS MATERIALS; AND

WHEREAS, FARM TRUCKS HAVE BEEN EXEMPTED; AND

WHEREAS, SENIOR SURREY DRIVERS ARE PART TIME DRIVERS AND ARE PAID MINIMUM WAGES IN MOST COMMUNITIES, MAKING IT DIFFICULT TO HIRE DRIVERS.

~~THEREFORE, BE IT RESOLVED THAT DRIVERS OF SENIOR SURREYS OR 16 PASSENGER BUSES AND LESS BE EXEMPT FROM THE COMMERCIAL MOTOR CARRIER SAFETY ACT.~~

THEREFORE, BE IT RESOLVED THAT DRIVERS OF SENIOR SURREYS OF 16 PASSENGERS OR LESS BE EXEMPT FROM THE COMMERCIAL MOTOR CARRIER SAFETY ACT.

SPONSOR(S): EDITH M. BARKER

COMMITTEE ASSIGNMENT: CONSUMER AFFAIRS

LEGACY LEGISLATURE RESOLUTION NO. 13

SHORT NAME: SOCIAL SECURITY NOTCH BILL

A RESOLUTION ENTITLED: PASSAGE OF H.R. BILL 917 AND/OR S. BILL 567.

WHEREAS, DUE TO THE ENACTMENT OF A NEW SOCIAL SECURITY FORMULA IN 1977, AN INEQUITY IN SOCIAL SECURITY PAYMENTS HAS BEEN CREATED.

THEREFORE, BE IT RESOLVED THAT THE MONTANA LEGACY LEGISLATURE URGES THE PASSAGE OF H.R. BILL 917 AND/OR S. BILL 567 TO CORRECT THE SOCIAL SECURITY NOTCH AND EQUALIZE ALL SOCIAL SECURITY PAYMENTS. ~~IT CAN BE FIXED AND WE CAN AFFORD IT.~~

SPONSOR(S): JOE GOTTERIED

COMMITTEE ASSIGNMENT: SOCIAL SERVICES

LEGACY LEGISLATURE RESOLUTION NO. 14

SHORT NAME: FAMILY NURSE PRACTITIONER EDUCATION

A RESOLUTION ENTITLED: A RESOLUTION TO DEVELOP A FAMILY NURSE PRACTITIONER EDUCATION PROGRAM IN THE STATE OF MONTANA AT MONTANA STATE UNIVERSITY.

WHEREAS, THERE IS A GROWING NEED FOR WELL PREPARED PRIMARY HEALTH CARE PROVIDERS IN MONTANA; AND

WHEREAS, YEARS OF EFFORTS TO SUPPLY RURAL AREAS WITH PHYSICIANS HAVE NOT BEEN SUCCESSFUL; AND

WHEREAS, BARRIERS TO THE PRACTICE OF NURSE PRACTITIONERS ARE BEING REMOVED AT THE NATIONAL AND STATE LEVELS (E.G., THIRD PARTY REIMBURSEMENT AND PRESCRIPTIVE PRIVILEGES HAVE BEEN APPROVED FOR NURSE PRACTITIONERS); AND

WHEREAS, QUALITY NURSING CARE HAS BEEN SHOWN TO LOWER MORTALITY AND MORBIDITY RATES DRAMATICALLY; AND

WHEREAS, PROPERLY PREPARED FAMILY NURSE PRACTITIONERS CAN PROVIDE COMPREHENSIVE HEALTH SERVICES FOR ALL AGE GROUPS EITHER INDEPENDENTLY (WELLNESS SCREENS, HEALTH COUNSELING AND EDUCATION, MANAGEMENT OF ILLNESS, EARLY DETECTION OF DISEASE) OR IN COLLABORATION WITH A PHYSICIAN; AND

WHEREAS, FAMILY NURSE PRACTITIONERS CAN HELP REDUCE THE COSTS OF HEALTH CARE WITH EMPHASIS ON ILLNESS PREVENTION AND PROVISION OF HOME HEALTH CARE; AND

WHEREAS, MONTANA STATE UNIVERSITY COLLEGE OF NURSING ALREADY HAS A FULLY ACCREDITED MASTERS DEGREE PROGRAM IN NURSING WHICH IS NATIONALLY RECOGNIZED FOR EXCELLENCE IN RURAL HEALTH CARE AND THIS PROGRAM COULD PROVIDE THE BASIS ON WHICH TO BUILD A FAMILY NURSE PRACTITIONER PROGRAM.

THEREFORE, BE IT RESOLVED THAT THE MONTANA STATE LEGISLATURE EXPLORE OPTIONS FOR FUNDING AND OTHERWISE SUPPORTING SUCH A FAMILY NURSE PRACTITIONER PROGRAM.

SPONSOR(S): JO IRENE O'LEARY

COMMITTEE ASSIGNMENT: HEALTH

LEGACY LEGISLATURE RESOLUTION NO. 18

SHORT NAME: TAX CREDIT FOR RURAL NON-PHYSICIAN PROVIDERS

A RESOLUTION ENTITLED: TAX CREDIT FOR RURAL NON-PHYSICIAN PROVIDERS.

WHEREAS, THERE IS A SEVERE SHORTAGE OF RURAL PRIMARY CARE PROVIDERS OF ALL TYPES; AND

WHEREAS, INCENTIVE ARE NEEDED TO ENHANCE RECRUITMENT OF THESE PROFESSIONALS TO RURAL HEALTH CARE SETTINGS; AND

WHEREAS, THERE IS A NEED TO INTRODUCE LEGISLATION IN THE 1993 MONTANA LEGISLATURE TO PROVIDE AN INDIVIDUAL INCOME TAX CREDIT FOR PHYSICIAN ASSISTANTS AND NURSING SPECIALISTS WHO COMMENCE PRACTICE IN RURAL AREAS; AND

WHEREAS, LEGISLATION WOULD BE STRUCTURED SIMILAR TO SB 0359 FROM THE 52ND MONTANA LEGISLATURE, WHICH CREATED A TAX CREDIT FOR PHYSICIANS; AND

WHEREAS, THIS TAX CREDIT WILL IMPACT THOUSANDS OF HEALTHCARE CONSUMERS IN RURAL MONTANA BY ENHANCING POSSIBLE RECRUITMENT OF MEDICAL CARE PROVIDERS TO ANY OF MONTANA'S 32 HEALTH PROFESSIONAL SHORTAGE AREAS.

THEREFORE, BE IT RESOLVED THAT THE MONTANA LEGACY LEGISLATURE REQUESTS THE MONTANA LEGISLATURE TO SUPPORT A TAX CREDIT FOR RURAL NON-PHYSICIAN PROVIDERS TO ADDRESS THE SHORTAGE OF HEALTH PROFESSIONALS IN OUR RURAL COMMUNITIES.

SPONSOR(S): DONALD STINGER

COMMITTEE ASSIGNMENT: TAXATION

LEGACY LEGISLATURE RESOLUTION NO. 19

SHORT NAME: OLDER AUTOMOBILES ON U.S. HIGHWAYS

A RESOLUTION ENTITLED: OLDER AUTOMOBILES ON U.S. HIGHWAYS.

WHEREAS, AN ELIMINATION OF OLDER AUTOMOBILES ON U.S. HIGHWAYS HAS BEEN PROPOSED IN CONGRESS (ROTH BILL #S 2237); AND

WHEREAS, MOST OLDER AMERICANS DRIVE AUTOMOBILES THAT WOULD COME UNDER THIS CATEGORY; AND

WHEREAS, MOST OLDER AMERICANS ARE UNABLE TO REPLACE THEIR MEANS OF TRANSPORTATION AT THE PRESENT TIME; AND

WHEREAS, THOSE THAT WOULD BENEFIT MOST WOULD BE THE CAR DEALERS, ENVIRONMENTALISTS AND SCRAP RECYCLERS.

THEREFORE, BE IT RESOLVED THAT THE LEGACY LEGISLATURE WILL NOT SUPPORT SUCH A BILL.

SPONSOR(S): JOY I. NASH

COMMITTEE ASSIGNMENT: CONSUMER AFFAIRS

LEGACY LEGISLATURE RESOLUTION NO. 20

SHORT NAME: COORDINATION OF INFORMATION AND REFERRAL

A RESOLUTION ENTITLED: COORDINATION OF INFORMATION AND REFERRAL SERVICES.

WHEREAS, THE OLDER AMERICANS ACT CALLS FOR COORDINATE COMMUNITY-BASED AND IN-HOME SERVICES; AND

WHEREAS, THE MONTANA OLDER AMERICANS ACT CALLS FOR IMPROVED ACCESS TO SERVICES FOR OLDER PERSONS; AND

WHEREAS, THE HEALTHCARE FOR MONTANANS PROJECT AND REACH OUT MONTANA PROJECT RECOGNIZE THE NEED FOR ENHANCED OUTREACH EFFORTS FOR MONTANANS OF ALL AGES; AND

WHEREAS, THE ADMINISTRATION ON AGING INITIATIVE, CALLED THE NATIONAL ELDERCARE CAMPAIGN, FOCUSES ON THE CREATION OF COALITIONS TO IMPROVE ACCESS TO SERVICES FOR AT-RISK OLDER ADULTS; AND

WHEREAS, THE GOVERNOR'S OFFICE ON AGING AND MONTANA'S AREA AGENCIES ON AGING ARE CHARGED WITH INFORMATION AND REFERRAL SERVICES RESPONSIBLE FOR OLDER PERSONS; AND

WHEREAS, THE MONTANA AGING SERVICES NETWORK IS ENCOURAGING THE DEVELOPMENT OF PROGRAMS WHICH BOND THE GENERATIONS; AND

WHEREAS, THERE ARE SEVERAL OUTREACH EFFORTS IN THE STATE OF MONTANA FOR ECONOMIC ASSISTANCE PROGRAMS INCLUDING FOOD STAMPS, S.S.I., Q.M.B., VETERANS SERVICES AND L.I.E.A.P.

THEREFORE, BE IT RESOLVED THAT THE SEVENTH LEGACY LEGISLATURE HEREBY RESOLVES THAT THE GOVERNOR'S OFFICE ON AGING AND MONTANA'S AREA AGENCIES ON AGING BE MADE RESPONSIBLE FOR THE COORDINATION OF INFORMATION AND REFERRAL, OUTREACH AND ASSISTANCE RESOURCES FOR PERSONS OF ALL AGES FOR THE STATE OF MONTANA.

SPONSOR(S): _____

COMMITTEE ASSIGNMENT: SOCIAL SERVICES

LEGACY LEGISLATURE RESOLUTION NO. 21

SHORT NAME: PRESCRIPTION DRUG COST CONTAINMENT

A RESOLUTION ENTITLED: A RESOLUTION TO SUPPORT PRESCRIPTION DRUG COST CONTAINMENT ACT (S 2000 - SENATOR DAVID PRYOR, ARKANSAS).

WHEREAS, PERSONS 65 AND OVER COMPRISE 12% OF THE U.S. POPULATION, AND USE APPROXIMATELY 30% OF ALL PRESCRIPTION DRUGS; AND

WHEREAS, BASED ON CURRENT MONTANA SURVEYS* CONDUCTED IN MILES CITY, BROADUS, JORDAN, FORSYTH, COLSTRIP, EKALAKA, BAKER, HELENA AND BUTTE; AND ON PAST SURVEYS IN SIDNEY, GLENDIVE, FAIRVIEW, TERRY, CIRCLE, KALISPELL, PLENTYWOOD, MALTA, CULBERTSON, GLASGOW, WOLF POINT AND SCOBEY; ALMOST ONE-THIRD OF THE SENIORS SURVEYED SPEND OVER $100 PER MONTH ON PRESCRIPTION DRUGS, AND BETWEEN 62% AND 74% HAVE INCOMES OF LESS THAN $15,000 PER YEAR; AND

WHEREAS, ALMOST ONE OF EVERY FIVE HOUSEHOLDS SAID IT HAS POSTPONED AND CUT THE DOSAGE OF PRESCRIPTION DRUGS DUE TO LACK OF FUNDS, AND ONLY 25% HAVE INSURANCE TO RELIEVE THE BURDEN THAT PRESCRIPTION DRUGS PUT ON THEIR LIMITED INCOME; AND

WHEREAS, WHILE THE RECESSION HAS HIT ALL AMERICANS HARD, PRESCRIPTION DRUG MANUFACTURERS' PROFITS ARE SKYROCKETING -- DRUG PRICES HAVE INCREASED 149% WITHIN THE LAST TEN YEARS, AND ONE INDUSTRY ANALYST PREDICTED THAT PROFITS WILL INCREASE BY 17% FROM 1991 TO 1992; AND

WHEREAS, THE PRESCRIPTION DRUG MANUFACTURERS ATTEMPT TO JUSTIFY THEIR CONSTANTLY INCREASING PRICES ON THE BASIS OF RESEARCH AND DEVELOPMENT. IN 1988 THE AVERAGE NEW DRUG WAS PRICED 50% HIGHER THAN THE DRUG PRODUCT(S) IT WAS MARKETED TO REPLACE, AND THERE IS SUBSTANTIAL EVIDENCE THAT MOST OF THESE PRODUCTS ADD LITTLE OR NOTHING IN TERMS OF THERAPEUTIC ADVANTAGES OVER ALREADY MARKETED DRUG THERAPIES AND ARE SIMPLY BEING MARKETED UNDER NEW TRADE NAMES; AND

WHEREAS, IN 1991 THE INDUSTRY SPENT $9 BILLION ON RESEARCH AND $10 BILLION ON MARKETING (THIS STATISTIC FROM THE U.S. SENATE SPECIAL COMMITTEE ON AGING); AND

WHEREAS, THE PHARMACEUTICAL MANUFACTURERS ASSOCIATION PLANS TO SPEND $7 MILLION IN 1992 TO HELP IMPROVE THE DRUG INDUSTRY IMAGE WITH THE AMERICAN PUBLIC; AND

WHEREAS, MOST LOCAL PHARMACIES GIVE DISCOUNTS TO SENIOR CITIZENS, AND THE SOURCE OF THE CONSTANTLY INCREASING PRICE IS NOT THE LOCAL PHARMACY BUT THE DRUG MANUFACTURER.

THEREFORE, BE IT RESOLVED THAT THE MONTANA STATE LEGISLATURE REQUEST THE U.S. CONGRESS TO PASS LEGISLATION WHICH WOULD PUT A CAP ON THE EVER ESCALATING PRICE INCREASES AND EXORBITANT PROFITS OF THE PHARMACEUTICAL MANUFACTURERS AND TO REPEAL THE SPECIAL TAX SUBSIDIES WHICH THEY NOW ENJOY.

* **SURVEY RESULTS ARE ON RECORD AT THE MONTANA SENIOR CITIZENS ASSOCIATION AND AVAILABLE FOR INSPECTION.**

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COMMITTEE ASSIGNMENT: FINANCE

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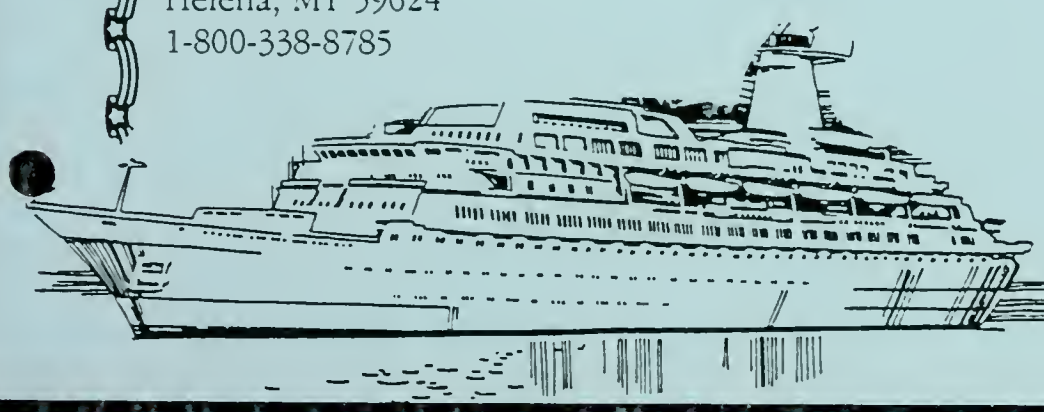

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